

Enabling Safe and Effective Deployment of BRAVE AI Across the South-West

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BACKGROUND & IDENTIFIED CHALLENGES

BRAVE AI is a commercially licensed AI risk stratification tool (Bering Ltd), which utilises primary care data to identify patients at risk of unplanned hospital admission. Across the South-West region, an initial cohort of 47 Primary Care Networks (PCNs) opted into the BRAVE AI programme, of which 44 remain active participants.

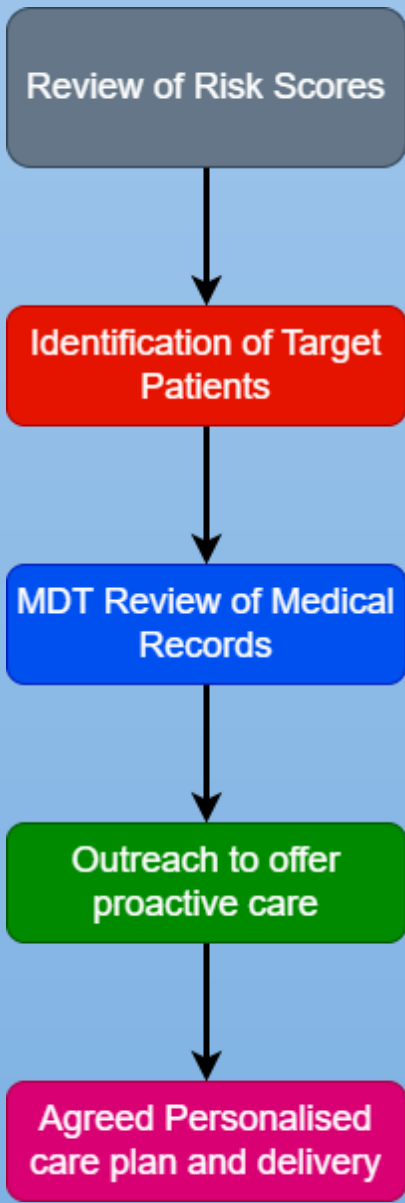
The regional rollout pathway defines three deployment stages:

- ■ Not Live
- ■ Technically Live (following completion of technical deployment and data integration)
- ■ Clinically Live (following completion and sign-off of a localised Digital Clinical Safety Case, comprising of a local SOP and hazard log).

Regional deployment commenced in early 2024. During early phases of rollout, many PCNs encountered **barriers progressing from technically live to clinically live**. Common challenges included:

- **Lack of local expertise in Digital Clinical Safety** (particularly where no trained Clinical Safety Officer (CSO) was in place).
- Poor understanding of local responsibilities for **SOP and hazard log localisation**.
- Variable capacity and capability across PCNs to engage with the process in a structured way.

These issues were observed **across a substantial proportion of PCNs**, creating delays and inconsistency in clinical adoption.



DEPLOYMENT PROCESS CHANGE

To address these challenges, in **March 2025** the team introduced a new deployment pathway: including a **Clinical Warm-Up Conversation** and **Clinical check-in conversation**. These are delivered by **Clinical AI Fellows (with CSO training), the programme's GP lead, or regional CSU CSO representatives**, prior to a PCN reaching technically live status. This process aimed to facilitate a PCN from technically live to clinically live within 6 weeks, at which point digital clinical safety responsibility is handed over.

Format:

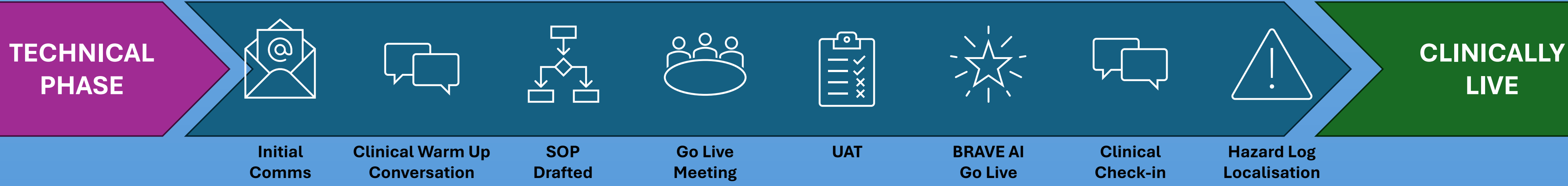
- 1–1.5 hour interactive session with 15–20 minute presentation to introduce and contextualise Digital Clinical Safety in AI deployments and local responsibilities.

Typical attendees:

- PCN Lead Clinician, PCN Manager, Digital leads or other relevant staff

Discussion themes included:

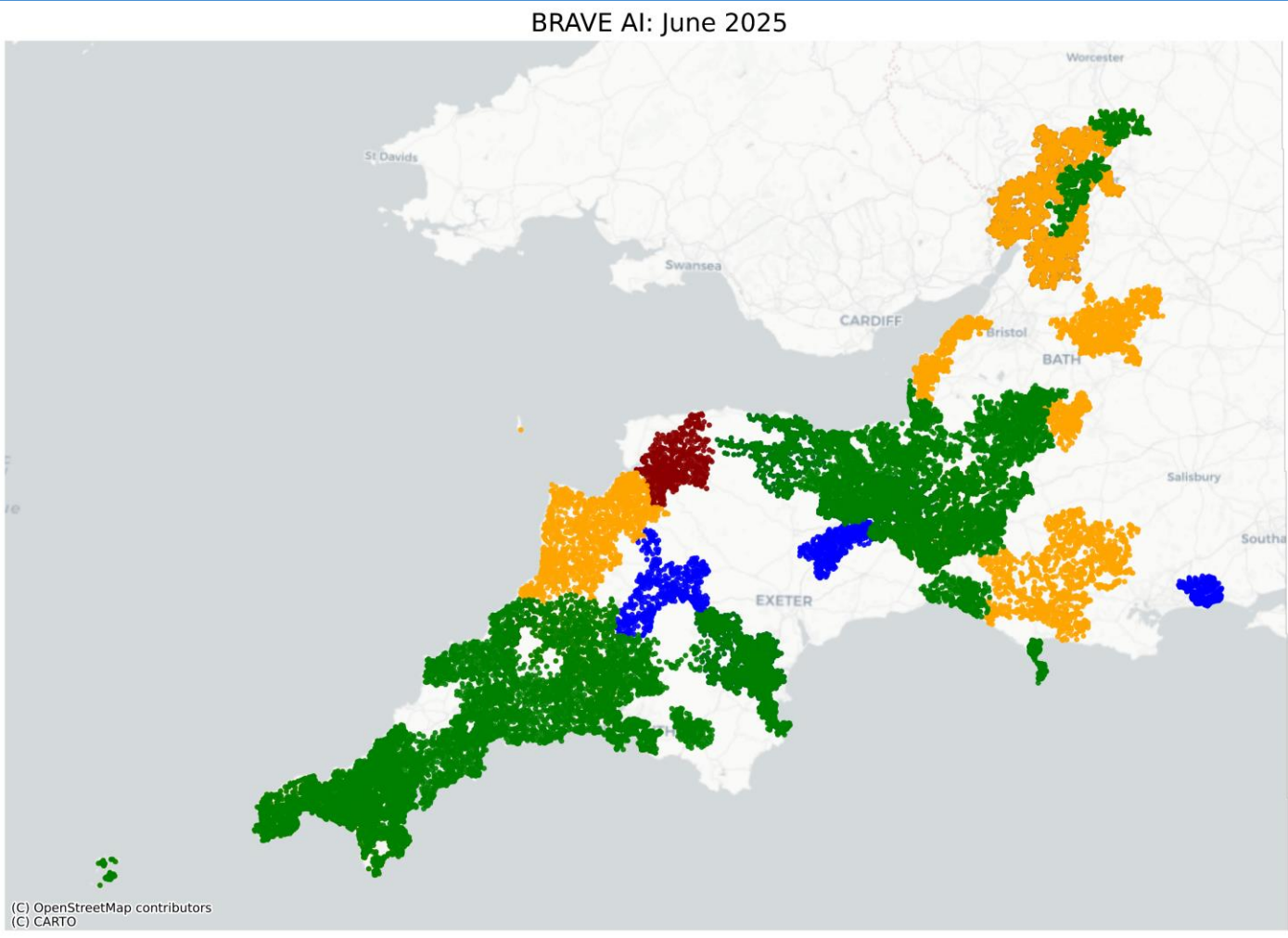
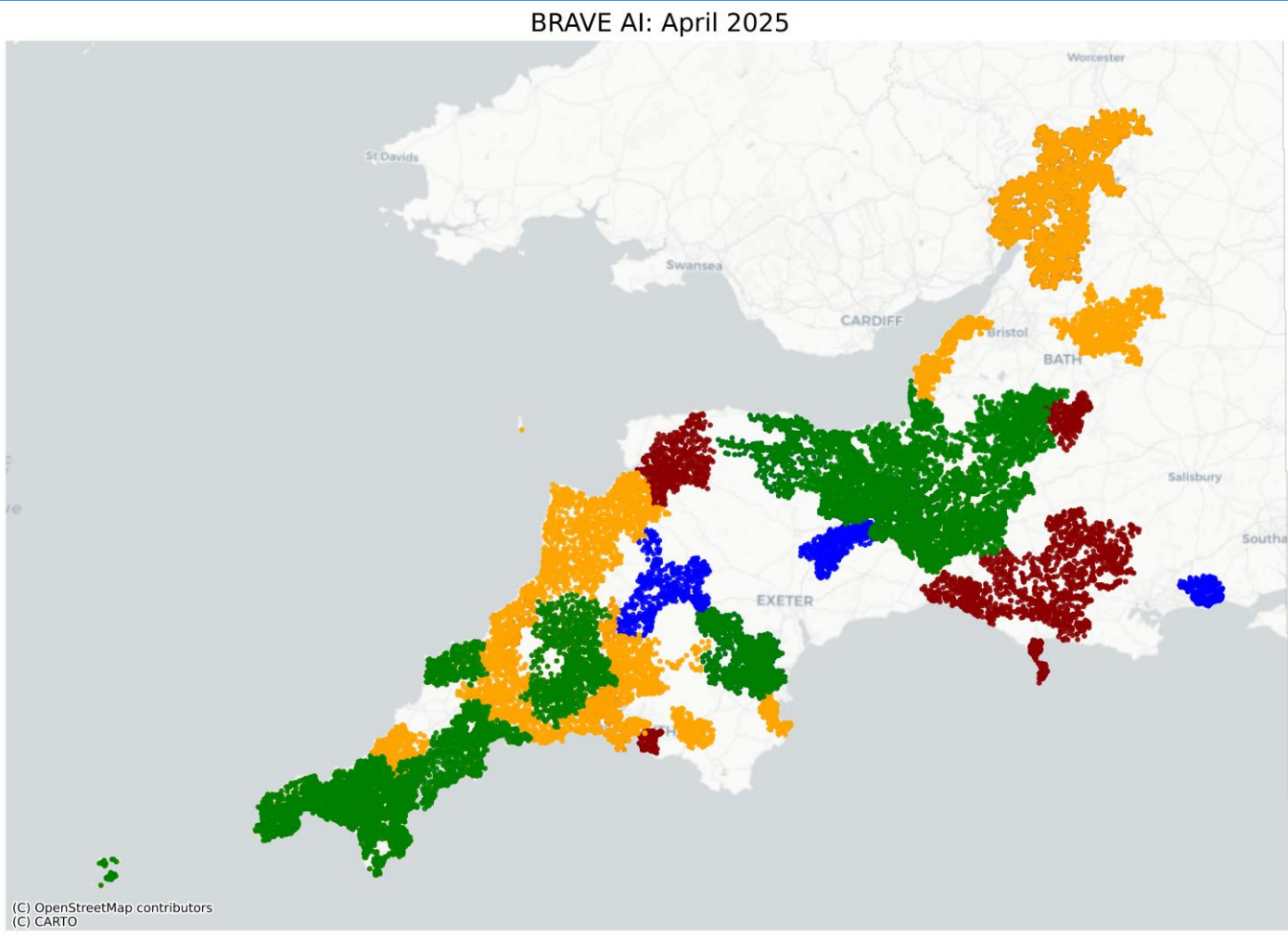
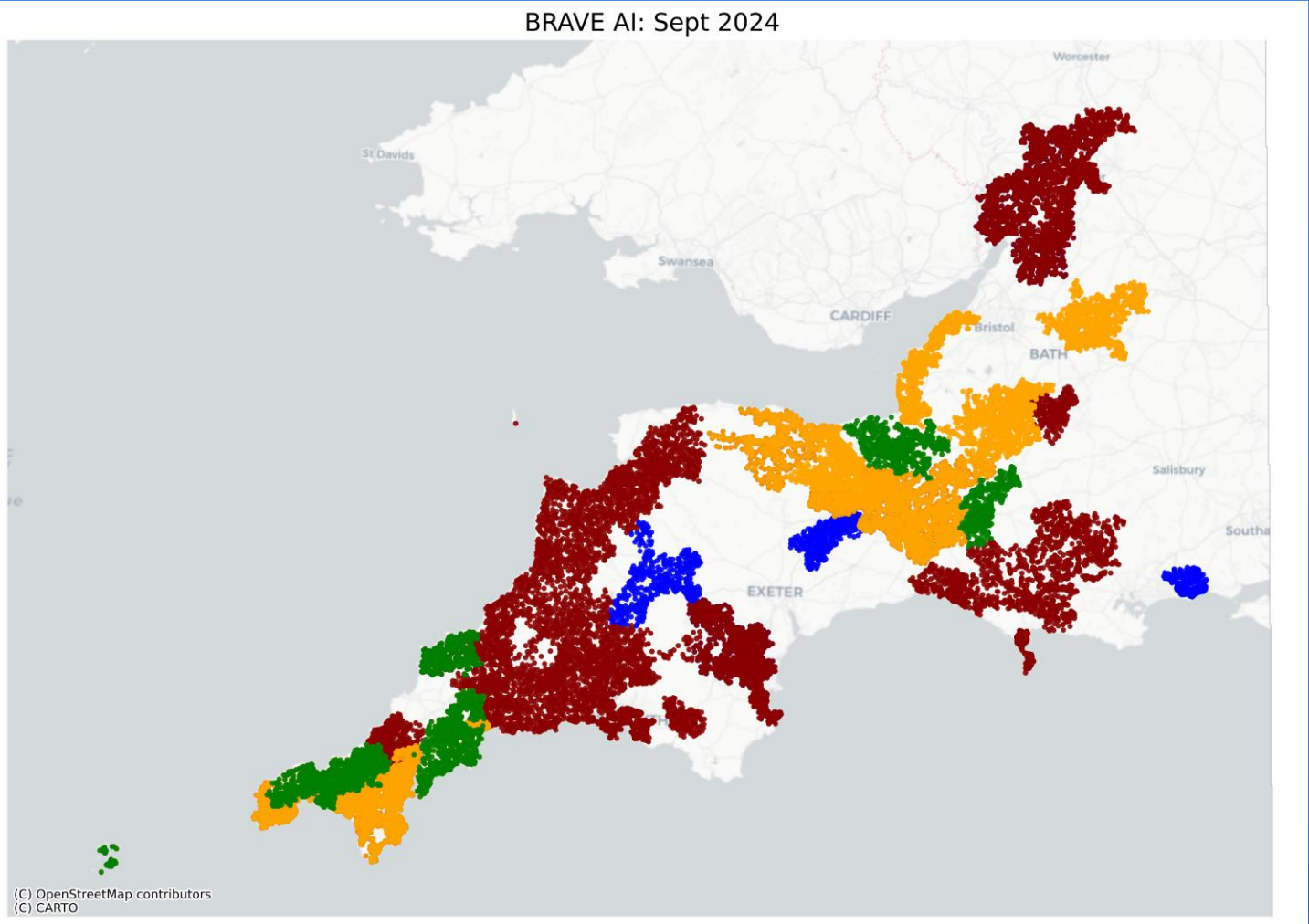
- PCN's **strategic aims** and alignment with BRAVE AI deployment, defining **appropriate patient cohort selection rules**, mapping available clinical resources and co-producing a **clinical pathway map** (QR Code below) for how BRAVE outputs will be used in practice



IMPACT

Since the introduction of this new step:

- **7 PCNs** have participated in warm-up conversations (as of June 2025)
- Time to progress from technically live → clinically live has demonstrably improved from 5.6 months to 1.2 months for those utilising the new process
- **Greater assurance** in the quality of SOPs and hazard logs being submitted
- Improved **sharing and transparency** of local safety documentation with the regional team
- **Positive feedback** from participating PCNs: clinicians report feeling better supported, with improved understanding of their role and confidence in the localisation process



THE CLINICAL FELLOW ROLE

- Design and **pilot of the new deployment approach** with an early adopter PCN
- Co-developed the **above standardised process** as part of the regional team
- Facilitation of prospective and retrospective **warm-up conversations**
- Developed the supporting **15–20 minute educational presentation** for use in these sessions

REFLECTIONS AND NEXT STEPS

- **Clinical leadership** and **early clinical safety engagement** are key enablers of safe, effective AI deployment
- The new process has improved readiness and consistency — but requires ongoing refinement as scale increases
- Future plans include:
 - Continuing to use and refine this model for remaining PCNs
 - Evaluating potential for wider dissemination across other regions and AI programmes

